

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED APR 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 2861
Registrar's No.

Registration District No. 318
Primary Registration District No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(c) Name of hospital or institution:
3225 No. Florissant Ave.
(d) Length of stay: In hospital or institution
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(d) Street No. 3225 No. Florissant Ave.
(e) Citizen of foreign country? _____
If yes, name country _____

3: (a) PRINT FULL NAME Anna Donnelly
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James Donnelly
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 9, 1873

8. AGE: Years 74 Months 11 Days 13
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo.
10. Usual occupation At Home

11. Industry or business _____
12. Name Matt. Donnelly
13. Birthplace St. Louis Mo.
14. Maiden name Sarah Maloney
15. Birthplace St. Louis Ireland

16. (a) Informant Gene Walsh
(b) Address 4111a Sacramento Ave.
17. (a) Burial (b) Date thereof 3-24-48
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) MAR 23 1948 (b) J. F. Bredeck

20. DATE OF DEATH: Month March day 22,
year 1948 hour 2 minute 30 A.M.
21. I hereby certify that I attended the deceased from
March 15, 1948, to March 22, 1948,
that I last saw her alive on March 20, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations _____
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(c) Means of injury 0
23. Signature Blainaid K. Holt (M. D. or other)
Address 2435 N Grand Blvd Date signed 3-22-48

Duration ???
PHYSICIAN
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address. 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.